

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90052 018 \*\*\*150.00

**DOCUMENT # 850109**

**1. Entity Name**  
**THE TRAVELERS LIFE AND ANNUITY COMPANY**



**Principal Place of Business**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**  
**US**

**Mailing Address**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**  
**US**

**2. Principal Place of Business**  
**One Cityplace**  
**Suite, Apt. #, etc.**  
**18 CP**

**3. Mailing Address**  
**P.O. Box 990026**  
**Suite, Apt. #, etc.**  
**18 CP**

**City & State**  
**Hartford, Connecticut**

**City & State**  
**Hartford, Connecticut**

**4. FEI Number** **06-0904249**

**Applied For**  
**Not Applicable**

**06103-3415**

**Country** **USA**

**06199-0026**

**Country** **USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL BLDG**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VGCD</b> <b>LEWITUS, MARLA B</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT 06183</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DCOP</b> <b>KOKULIS, GEORGE C</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT 06183</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVO</b> <b>LAMMEY, GLENN D</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT 06183</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>HOGAN, WILLIAM R</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT 06183</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>One Cityplace - 19CP</b> <b>Hartford, CT 06103-3415</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>One Cityplace - 19CP</b> <b>Hartford, CT 06103-3415</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>One Cityplace - 19CP</b> <b>Hartford, CT 06103-3415</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DVO</b> <b>Kathleen L. Preston</b> <b>One Cityplace - 10CP</b> <b>Hartford, CT 06103-3415</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>S</b> <b>Ernest J. Wright</b> <b>One Cityplace - 18CP</b> <b>Hartford, CT 06103-3415</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Ernest J. Wright*  
**ERNEST J. WRIGHT** **3/5/03** **860.308.7528**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment 90050117  
850109

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE  
CORPORATION ANNUAL REPORT  
**THE TRAVELERS LIFE AND ANNUITY COMPANY**

OFFICERS/DIRECTORS

Edward W. Cassidy  
One Cityplace  
Hartford, CT 06103-3415

Lankton, Madelyn J.  
One CityPlace  
Hartford, CT 06103-3415

V  
Lynch, Brendan M.  
One CityPlace  
Hartford, CT 06103-3415

V  
Pantaleo, Laura A.  
Two Tower Center  
East Brunswick, NJ 08816

V  
Tyson, David A.  
242 Trumbull Street  
Hartford, CT 06115

V  
Voss, F. Denney  
399 Park Avenue  
New York, NY 10022

T  
Addazio, Judith A.  
One CityPlace  
Hartford, CT 06103-3415